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Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

Complete if Known	
Application Number	10/750,523
Filing Date	December 31, 2003
First Named Inventor	Kimming So
Examiner Name	Yaima Campos
Art Unit	2186
Attorney Docket No.	15057US02

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
_____ -20 or HP	_____ x _____	= _____		_____	_____	_____
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			
_____ -3 or HP	_____ x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100	_____ /50	_____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Information Disclosure Statement Fee</u>	\$180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	57,303	Telephone	(312)775-8000
Name (print/type)	Roy B. Rhee	Date	July 25, 2006		



Attorney Docket No.: 15057US02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Kimming So et al.

Serial No.: 10/750,523

Filed: December 31, 2003

For: "A MINI-TRANSLATION LOOKASIDE BUFFER
FOR USE IN MEMORY TRANSLATION"

Group Art Unit: 2186

Examiner: Yaima Campos

Conf. No.: 1971

Express Mail Label No. EV 729162410 US

Date of Deposit: July 25, 2006

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is filed as a timely response to the Office Action mailed June 16, 2006.

Applicants respectfully request entry of the following amendments and consideration of the following remarks.